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**Discus Dental
Impressions**

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Fax

To: Amendments/Commissioner for Patents **From:** Dr. Nancy Quan for Discus Dental

Fax: 571-273-8300 **Pages:** 16

Phone: **Date:** 1/15/2007

Re: Response to OA/Terminal Disclaimer **CC:**

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

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Appln No. 11/797,631

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Customer NO.: 53,096

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: YARBOROUGH, David Examiner: MANAHAN, Todd E.

K.

Serial No.: 10/797,631 Group Art Unit: 3732

Filed: March 10, 2004 Docket No.: P1072US07

Title: Method for Whitering Teeth

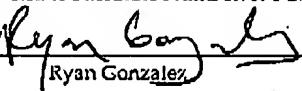
CERTIFICATE UNDER 37 C.F.R. 1.8a:

Date of Transmittal:

The undersigned hereby certifies that this Transmittal as described herein, are being transmitted to the United States Patent and Trademark Office pursuant to 37 CFR 1.8a to Facsimile Number: 571-273-8300.

Date:

By:


Ryan Gonzalez

Mail Stop: Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, CA 22313-1450

TRANSMITTAL LETTER

Dear Sir/Madam:

Enclosed herewith are the following for the above-caption application:

1. 2 Copies of Form PTO SB/17 Transmittal for Fees
2. Amendment and Response Under 37 CFR § 1.113 (11 pgs.)
3. Terminal Disclaimer (2 pgs.)

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PAGE 317 * RCV'D AT 11/15/2007 10:02:45 PM [Eastern Standard Time] * SVR:USPTO-FXP-33 * DMS:2/38300 * CSD: DURATION (MM:SS):04:32

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/797,631
Filing Date	March 10, 2004
First Named Inventor	Yarborough, David K
Examiner Name	MANAHAN, Todd
Art Unit	3732
Attorney Docket No.	P1072US07

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 53096 Deposit Account Name: Discus Dental Impressions				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)
50 25

Each independent claim over 3 (including Reissues)

Fee (\$)
200 100

Multiple dependent claims

Fee (\$)
360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

- 20 or HP = Fee (\$) x Fee (\$) = Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = Fee (\$) x Fee (\$) = Fee (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = Fee (\$) / 50 = Fee (\$) (round up to a whole number) x Fee (\$) = Fee (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Terminal Disclaimer Fee per 37 CFR 1.20 (d)

\$130.00

SUBMITTED BY

Signature		Registration No. 36,248 (Attorney/Agent)	Telephone (310) 845-8501
Name (Print/Type)	Nancy N. Quan for Discus Dental Impressions Inc.		Date 01-15-2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.